

Zoti-collis - Wry Neck

Definiteness affects head

- bent to one side + rotated other side.

Rt. Zoti - rt. bend - lt. rotation
collis.

Causes

1) Congenital definiteness, (rare)

- acquired at birth.

A - head pulled to one side at birth.

- blood supply to cramped muscle poor - muscle contracts + pulls head down later on

lungs. - sterno - clav - mastoid tumor.

2) Ruptured muscle fibres

- on stretched side of sterno - clav - mastoid

- fibrous band forms at rupture.

Congenital

- skull misformed.

3) Unequal hearing or sight.

4) Rheumatic - stiff neck. frequent attacks

5) Bad habits. - lateral tilt.

6) Spasmodic -

Clonic - S.C.M. goes into spasm.
head turns over.

Tonic - S.C.M. spasms
head stays there.

Spiral secondary curve.

Congenital + birth treatment

- 1) If condition worsens & is a tumor -
Massive stretching 3 times a day.
Regular - torti-collis rarely develops.
- 2) Passive stretchings to overcome deformity -
even if tumor gone.

After 5-6 yrs.

- 1) Treatment severe - subcutaneous tenotomy.
Fibres of S.C. Mm. severed.
- 2) Head put in plaster of paris in
over-correct position. - 1 month.
- 3) Remedial exercises to mobilize head
& refine weight.
- 4) Passive stretching.

Exercise head slant

- strap under chin + occipital bone.
- suspended

More severe form

- 1) Operation - sever S.C. Mastoid
- clavicular head.
- 2) Plaster of Paris - overcorrection - 6 weeks.
- 3) Stretching & reeducation.

Older person : 15 - 19 yrs.

- 1) Left in deformity.
 - nerves, vessels + arteries grown
to that position.
 - face does not develop
symmetrically.

Short structures

- Sternocostomastoid - shortens
- rotates

Muscles shorten

- Upper fibres of Trapezius shorten.
- Cervical fascia shorter.
- Deep short neck muscles

Fibres of some structures on opposite side of neck lengthen.

Joints of cervical vertebrae stiffen.
- limit movement.

Principles of treatment

- Mobilize cervical spine
- lengthen contracted structures.
- Shorten cervical structures by working in small range.
- Re-educate patient.

Exercises to mobilize spine (passive)

- 1) - in bk. lying.
- 2) - head rolling in a big circle.

Cross leg sit. pull head up.

Susp. head sling - pull structures up.

Exercises - Table

- mainly in sitt. in front of mirror.
single side exercise.

- Progression - double side - back to mirror.

Rt. T-C

- St. flexes, eccentric - wider range.

- Ud. bends St. against resistance.

Ud. bends St. gymnast resists,

eccentric.

- Progress to standing.

Flat back

- lessening of curves of spine
usually in lumber region.
(lumber hypophysis)

Causes

- 1) Wrong conception of posture.
- 2) lying on back in bed for long periods.
- 3) Organs are misplaced.
- Viscerotaxis) drooping.
- lumber curve acts as shelf.
- pain in lumber region.

Aims

- 1) To strengthen erector spinae in back.

Prone leg - hd. + hl. rais 'q.

- alt. hl. rais 'q.

Hang' q - running, swinging, back & hold.

Foot Deformities

Tribes Varus - deformity - foot inward.

Tribes Valgus - foot outward.

Tribes Equinus - heel up + toe pointed.

Tribes Calcaneus - patient walks on heel - toes up.

Tribes Equinus Varus - toe - foot in.

Tribes Calcaneo Valgus - heel - foot out.

Causes

A. Commonly congenital.

Tribes Equino Varus

- bi-lateral + unilateral.

Acquired

Paresis Tib. ant. + post.

Inspite Ant. Plio - myelitis.

Injury to peripheral nerves.

Nervitis - alcohol, heat, arsenic.

Syphilitic Paralysis.

- anti - gravity muscles paresis.
Equino Varus.

- invertors stronger than evertors.

Injury to foot - crushing of bones
near tissue.

Changes

Tribes Varus.

- dorsi - flexors + peronea - stretched + weak.

- calf muscles (T.A.) + invertors
strong + short.

- lig. on outer side + post stretched
lig. on inner side shortened.

Hypertrophy - bones grow too big.

Aatrophy - bones are small.

Congenital - bones exists.

- who have been born with twists in.

Treatment 2-3 yrs.

1) - Manipulation 3 times a day.

- foot held in eversion + dorsi-flexion
overcorrected position - adhesive strapping.

2) Plaster of Paris 1 month. change.

- knee to foot.

- then re-education exercises.

Exercises - work stretched muscles

- eversion + dorsi-flexion

- Tendo Achilles stretched.

- Special shoes, iron brace holds
foot in corrected position.

Surgery - T.A. lengthened

None to adductors cut.

Exercises

Equinus Exercises

Stretch Tendo Achilles - hang st. pos.

1) - gastrocnemius.

2) Knees bend form. heels flat.

3) Wall for st. heel dipping + bending

4) Balance bench hooked onto steel
bars, Walk upright, heels
flat on bench.

Stretch Invertors

- 1) Walk on floor, on inside of feet.
Also tightens invertors.
- 2) long sitt. foot invertor exercise.
- 3) Roller skating

Gelipes Calcaneus Valgus. ^{tree up} foot out. ~~black~~
Congenital Required
Paralysis - Distraximia, Scoliosis

Overconcentrated - Peronei.

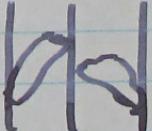
Bendfe invertors + Plantar - flexors.

Plantar flexors.

- 1) Walking on tree or hobbet shoes.

Invertors

- 1) Foot rolling in + up.
- 2) Foot inversion (scratching leaves)
- 3) Big toe bringing up leg.
- 4) Tree line - big toe on centre line heel on outer line.



Toe Deformities.

Hallux Valgus.

Big toe deviates towards mid-line of foot - on top or under toes.

Cause - 1) Short, pointed shoes.

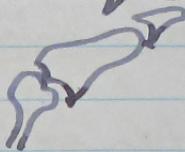
2) Pressure on big joint of foot.

Bursa appears, thickens & inflams - Bunion.

(Change) 1) Soft sneakers on inside stretch.

2) Head of metatarsal enlarges on inside

3) Abductors stretched.



Signs & Symptoms

Pain - bad gait.

Treatment

1) Teach child to use abductor Hallucis.
Put foot on cardboard covered with talcum.

Big toe inverted

2) Special stockings - big toe separate.

3) Ice pack in shoe.

4) Toe tied to inside & away from other toes.

Claw Toes

Flexion - inter-phalangeal joint.

Extension - metatarsal - phalangeal jt.

In conjunction¹⁾ with dropped long. arch.

Opposite to flat feet

Pes Cavus - very high metatarsal arch.

- In cases of paralysis in lower leg.

2) affects lumbricals + interosseous

4) callouses at 1st & 2nd jts.

5) toes do not reach ground - lack balance.

Treatment -

1) Re-education of interosseous + lumbricals.

Exercises -

2) Foot sole resting on chair, toes over edge of table, pull toe down towards floor, after pulling them out.

3) Inside.

4) Tie each toe down separately

Constipation

Incomplete evacuation of bowels.

Stomach emptying 1-3 hrs.

Large intestine 5-7 hrs. Sigmoid + a. colon.

2 hr. to pass up ascending colon.

12-20 hr. to rectum.

Causes

1) Obstructive causes - mechanical tumors, growths.

- 2) adhesions -
- 4) scar tissue.

Sedentary life + lack of exercise.

- 1) - lowering of tone of alimentary tract musculature + abdominal muscles.
- 2) - bad habits - neglecting impulse.
- 3) - worse of diet - insufficient roughage.
- insufficient bulk + liquid.
- 4) - lowering of tone of abdominal muscles.
- after abdominal operations or
illness with fever.
- 5) - disorder of nervous supply of
colon - spastic colon.

Treatment

- 1) Find cause - don't treat obstructive cases.
- 2) Make patient have good habits -
regular elimination time.
- 3) Regulation of patient's diet - water.
in morning & before meals. - 4 pts.
of liquid a day.
Fruit + green vegetables.
- Well-balanced diet.

By exercise . Aims

- 1) tone up abdominals + alimentary tract.
- inter-abdominal pressure,
diminishes blood supply to
alimentary tract.



The **Margaret Eaton School Digital Collection** is a not-for-profit resource created in 2014-2015 to assist scholars, researchers, educators, and students to discover the Margaret Eaton School archives housed in the Peter Turkstra Library at Redeemer University College. Copyright of the digital images is the property of Redeemer University College, Ancaster, Canada and the images may not be copied or emailed to multiple sites without the copyright holder's express written permission. However, users may print, download, or email digital images for individual non-commercial use. To learn more about this project or to search the digital collection, go to <http://libguides.redeemer.ca/mes>.